

INSTRUCTIONS AND CHECKLIST
FOR THE PROPER EXECUTION OF
THE RESOLUTION AND TRUST AGREEMENT

- ___ Please use the provided copies of the Resolution and Trust Agreement without alteration. When changes are warranted by the Organization, please submit proposed changes to Trust Counsel prior to signing for review and acceptance by the Benefits Trust Committee.

- ___ The board/council Chair/President or authorized representative of the Organization must sign both the entity Resolution and IGA.

- ___ The board/council Secretary or other member must attest to the President's signature on both the Resolution and IGA. If attestation is not by the Secretary, please indicate individual's title in the entity.

- ___ Enter the current date on both the Resolution and Trust Agreement signature pages.

- ___ Each entity must designate on the Resolution specific individuals (not necessarily board/council members) to be the Primary and Alternative Trust Representatives. These may not be a company, and one person may not be both the Primary and Alternative Representative.

- ___ Please enter a current email and mailing address for the Primary and Alternative Representatives. You may specify the individual's address as being in care of a company.

- ___ Please indicate adoption of the Resolution by two Directors on Page 2 of the Resolution these are shown as the Presiding Officer and attested by a second Officer.

- ___ A copy of the Resolution and one ***original*** Trust Agreement document must be returned to McGriff Insurance Services, the Trust Administrators at the above address. If the Member wishes to retain an original copy, please have duplicate originals signed at the same time.

- ___ For expediency please send an electronic copy of the Resolution and the signature page on the Trust Agreement to cfhtrust@mcgriff.com.

PLEASE NOTE IT IS IMPORTANT THAT CURRENT REPRESENTATIVE
AND/OR ALTERNATE INFORMATION BE MAINTAINED WITH THE
BENEFITS TRUST ADMINISTRATOR. WE REQUEST ANY CHANGES BE
SUBMITTED IN WRITING AS SOON AS POSSIBLE.

RESOLUTION NO. _____

**A RESOLUTION ADOPTING AND ENTERING INTO THE TRUST AGREEMENT FOR
THE COLORADO FIREFIGHTER HEART AND CANCER BENEFITS TRUST AND
TAKING OTHER ACTIONS IN CONNECTION THEREWITH**

WHEREAS, under state law, specifically § 29-5-301 of the Colorado Revised Statutes (C.R.S.), an employer as defined therein is required to maintain certain firefighter heart and circulatory malfunction benefits in accordance with and subject to the requirements and limitations of Part 3, Article 5 of Title 29, C.R.S.; and

WHEREAS, under state law, specifically C.R.S. § 29-5-402, an employer as defined therein may participate in the voluntary firefighter cancer benefits program to provide certain cancer benefits in accordance with and subject to the requirements and limitations of Part 4, Article 5 of Title 29, C.R.S.; and

WHEREAS, in order to provide such benefits, an employer, which includes _____ [District/City/Town/Authority/Division] is authorized to participate in a multiple employer health trust; and

WHEREAS, the governing body of the _____ [District/City/Town/Authority/Division] has authority under Article XIV, § 18(2)(a) of the Colorado Constitution, and C.R.S. § 10-3-903.5, §§ 29-1-201, et seq., § 29-5-302, and § 29-5-402, as amended, to participate with other employers in a multiple employer health trust for the provision of such benefits and for related claims handling, risk management, and other functions and services related to such benefits; and

WHEREAS, the governing body has reviewed the Trust Agreement for the Colorado Firefighter Heart and Cancer Benefits Trust, a copy of which is attached hereto as Exhibit A, by and through which the Members (as defined therein) desire to establish a trust (the “Trust”) and provide a benefit plan that provides firefighter heart and circulatory malfunction benefits and a benefit plan that provides cancer benefits consistent with the provisions of Part 3 and Part 4 of Article 5 of Title 29, C.R.S., as specified in the Colorado Firefighter Heart and Circulatory Malfunction Benefits Plan and Colorado Firefighter Cancer Benefits Plan (collectively, the “Plan”); and

WHEREAS, the governing body finds that the payment of contributions into the Trust and Plan benefits for firefighters satisfy important public purposes; and

WHEREAS, the Members intend that the Trust, together with the Plan, shall constitute an irrevocable trust exempt from taxation under Internal Revenue Code § 115; and

WHEREAS, the governing body finds that membership and participation in the Trust and Plan would be in the best interests of the _____ [District/City/Town/Authority/Division], its employees, and its taxpayers; and

WHEREAS, the governing body by this enactment desires to adopt and enter into the Trust Agreement for the Colorado Firefighter Heart and Cancer Benefits Trust, and to take other actions in connection therewith.

NOW, THEREFORE, BE IT RESOLVED that the _____ [governing body] of the _____ [District/City/Town/Authority/Division] hereby:

1. Approves the contract titled Trust Agreement for the Colorado Firefighter Heart and Cancer Benefits Trust, a copy of which is attached hereto as Exhibit A and incorporated into this Resolution by this reference (the "Trust Agreement").
2. Authorizes and directs the presiding officer of the governing body to execute the Trust Agreement on behalf of the _____ [District/City/Town/Authority/Division].
3. Directs that staff transmit to the Colorado Firefighter Heart and Cancer Benefits Trust (the "Trust"), McGriff Insurance Services, P.O. Box 1539, Portland, OR 97207-1539, executed and attested copies of this Resolution and such Trust Agreement.
4. Designates _____ as its initial Member Representative to the Trust and designates _____ as its initial Alternate Representative to the Trust, such persons having the addresses stated below.
5. Representative Mailing Address: _____

Representative E-mail address: _____
Alternate Representative Mailing Address: _____

Alternate Representative E-mail address: _____
6. Understands that, with the adoption of this Resolution and subject to the terms of the Trust Agreement, the _____

[District/City/Town/Authority/Division] becomes a Member of the Trust, with its participation to commence effective as of the date determined in accordance with the Trust Agreement. The governing body of the _____ hereby requests, unless other dates are later designated by the governing body, that coverage should begin on the following dates for the following type of coverage:

Date	Coverage
_____	Heart and Circulatory Award Coverage
_____	Cancer Award Coverage

IN WITNESS WHEREOF, this Resolution was adopted by a majority vote of the _____ [governing body] of the _____ [District/City/Town/Authority/Division] on the _____ day of _____, 20_____.

Presiding Officer:

Signature

Print Name

Title

Attestation:

Signature

Print Name

Title

Exhibit A
(Executed Trust Agreement)